

**Make two copies: One to RETURN TO STATE OFFICE
One for Instructor's records**

Coordinating Instr. Number	Date Course Ends(MMDDYY)



Wyoming Game and Fish Department Hunter Education Program - INSTRUCTOR REPORT

DESIGNATION	NAME - printed	INSTR. #	HOURS OF PARTICIPATION	SIGNATURE
Coordinating Instructor				
Instructor				
Instructor				
Instructor				
Instructor				
Instructor				
Guest Speaker				
Guest Speaker				

(Signatures are required from each instructor volunteering time for this class)

TOTAL CLASSROOM HOURS _____ **COURSE FEE UP TO \$10.00** _____ **TOTAL STUDENTS** _____

TIME ALLOWED FOR GUN HANDLING (mandatory component) _____ : _____
(hours) (minutes)

WAS LIVE FIRE CONDUCTED? _____ **HOW MANY ROUNDS EACH?** _____

WAS A PRACTICAL GUN HANDLING PROFIECIENCY TEST (FIELD COURSE) ADMINISTERED? _____

COURSE LOCATION _____

AUDIO -VISUAL (DVD'S) SHOWN

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

REMARKS: Traditional course or Internet Field Day (circle one)

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- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 3. _____ | 5. _____ |
| 3. _____ | 6. _____ |

REMARKS: Traditional course or Internet Field Assessment Day (circle one)
